

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

HERITAGE CENTER

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PRINTED: 04/19/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445215	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2011
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NAME OF PROVIDER OR SUPPLIER

HERITAGE CENTER, THE

STREET ADDRESS, CITY, STATE, ZIP CODE
1026 MCFARLAND STREET
MORRISTOWN, TN 37814

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000 INITIAL COMMENTS

K 000

42 CFR 483.70(a)
K3 BUILDING: 1-story Type V(111), unprotected, combustible construction with a complete automatic sprinkler system.
K6 PLAN APPROVAL: 1988
K7 SURVEY UNDER: 2000 EXISTING
K8 197-bed SNF/NF

K 029 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure hazardous area's one (1) hour fire rated construction is maintained.

The findings include:

Observation and interview with the Maintenance Director, on April 12, 2011 at 1:00 p.m. confirmed the facility failed to seal the head-of-wall joint of the 1-hour rated ceiling assembly in the Central supply storage room.

K 052 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

A fire alarm system required for life safety is installed, tested, and maintained in accordance

K 029 NFPA 101 LIFE SAFETY CODE STANDARD

1. Facility maintenance department will seal the head-of-wall joint of the 1-hour rated ceiling assembly in the Central Supply storage room. 05-27-11
2. Facility maintenance department will visually inspect any other facility head-of-wall joints of a 1-hour rated ceiling assembly and seal if necessary. 05-27-11
3. Facility Maintenance Director will monitor monthly x 3 months and report results to PI Committee on a monthly basis. Facility Maintenance Director or designee will immediately address any further issue(s) found. Maintenance Director will record any issues found and steps taken to address. 05-27-11

K 052 NFPA 101 LIFE SAFETY CODE STANDARD

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Executive Director

4-28-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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SUMMARY STATEMENT OF DEFICIENCIES
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PROVIDER'S PLAN OF CORRECTION
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(X5)
COMPLETION
DATE

K 052 Continued From page 1

with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

K 052

1. Smoke detector has been installed in the business office to ensure electronic supervision for the fire alarm system. 4-28-11
2. Smoke detector located by room 226 will be moved to location at least three feet away from air supply. 5-27-11
3. Facility Maintenance Director will monitor any further installation of fire alarm system and ensure smoke detector present to ensure electronic supervision. Facility Maintenance Director will inspect facility to ensure all smoke detectors are at least three feet from air supply. 5-27-11
4. Facility Maintenance Director will monitor monthly x 3 months and report results to the Performance Improvement Committee on a monthly basis. The committee consists of The Executive Director, Director of Nursing, Medical Director, Assistant Director of Nursing, Staff Development Coordinator, and Department Managers. 5-27-11

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to provide a smoke detector in the room with the fire alarm control panel. (NFPA 72, 1-5.6.)

Findings include:

Observation and interview with the Maintenance Director, on April 12, 2011 at 10:15 a.m. confirmed the Fire Alarm Control Panel in the business office was not located in a continuously occupied location and did not have electronic supervision for the fire alarm system. Interview with the facility Maintenance Director revealed that the facility was not aware of the requirement for electronic supervision of fire alarm control panels that were not located in a continuously occupied location.

Based on observation and interview, the facility failed to assure smoke detectors were located at least 3 feet from an air supply (NFPA 72, 2-3.5.1). The findings include:

Observation and interview with the Maintenance Director, on April 12, 2011 at 10:00 a.m. confirmed the corridor smoke detector by room 226 was located 1-foot from an air supply.

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